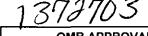
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL

OMB Number: 3235-0076 Expires: December 31, 2002 Estimated average burden hours per response.....16.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix Serial								
DATE RECEIVED								
	_							

Name of Offering	(check if this is	an amendment and name has	s changed, and indic	ate change.)	050
Filing Under (Check	(box(es) that apply)	: 🔲 Rule 504	☐ Rule 505	⊠ Rule 5	06 ☐ Section 4(6). ≥€□⊠:ULOE
Type of Filing:	☑ New Filing	☐ Amendment			िस्नार्क् रम्या
		A. BASIC	IDENTIFICATION	DATA	5194 LA 2000
 Enter the information 	mation requested at	out the issuer			
Name of Issuer (BRANSON AIRPOI		mendment and name has ch	anged, and indicate o	change.)	Washington, DC
Address of Executive 95 B ROWAYTON		(Numb ON, CONNECTICUT 06853		State, Zip Code)	Telephone Number (Including Area Code) 203-299-6106
Address of Principa (if different from Exe		ns (Numb	per and StrePRO	@ESSED	Telephone Number (Including Area Code)
Brief Description of DEVELOP AND OF		TIT AIRPORT IN BRANSON,	MISSOURI APR	2 8 2008 2	
Type of Business O	_	d partnership, already formed	THOMS	ON REUTE	RS please specify): LIMITED LIABILITY COMPANY
☐ business tru	ust 🔲 limite	d partnership, to be formed		23 00101 (please spesify). Entire Estable 11 1 Octob Aire
Actual or Estimated Jurisdiction of Incor	•	ation: (Enter two-letter t	Month 0 8 U.S. Postal Service a	bbreviation for §	Actual Estimated State: DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director ⊠ General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) HALPIN, GERALD T. Business or Residence Address (Number and Street, City, State, Zip Code) 95 B ROWAYTON AVENUE, ROWAYTON, CONNECTICUT 06853 □ Promoter ■ Beneficial Owner □ Director ☑ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) PEET, STEPHEN M. Business or Residence Address (Number and Street, City, State, Zip Code) 95 B ROWAYTON AVENUE, ROWAYTON, CONNECTICUT 06853 ⊠ General and/or □ Executive Officer □ Director Check Box(es) that Apply: □ Beneficial Owner □ Promoter Managing Partner Full Name (Last name first, if individual) STIPANCIC, CHARLES V. JR. Business or Residence Address (Number and Street, City, State, Zip Code) 95 B ROWAYTON AVENUE, ROWAYTON, CONNECTICUT 06853 □ Executive Officer □ Director ☑ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner

□ Executive Officer

□ Executive Officer

□ Executive Officer

□ Director

□ Director

□ Director

General and/or Managing Partner

> General and/or Managing Partner

General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) 95 B ROWAYTON AVENUE, ROWAYTON, CONNECTICUT 06853

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code) 95 B ROWAYTON AVENUE, ROWAYTON, CONNECTICUT 06853

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Beneficial Owner

□ Beneficial Owner

□ Beneficial Owner

OLD, JONATHAN W. III

Check Box(es) that Apply:

GRUSEKE, CHRISTOPHER

Check Box(es) that Apply:

Check Box(es) that Apply:

				<u></u> .	B. INF	ORMATIC	N ABOUT	<u>OFFERIN</u>	IG				
١.	Has the iss	uer sold, or	does the is	suer intend	to sell, to n	on-accredit	ed investors	in this offe	ring?			Yes	No ⊠
				Answer a	also in Appe	endix, Colui	mn 2, if filing	under ULC	E.				
2.	What is the	minimum i	nvestment t	hat will be a	ccepted fro	m any indiv	/idual?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	10,000	
3.	Does the of	ffering perm	nit joint own	ership of a s	ingle unit?	•••••••				,	••••••	Yes ⊠	No
4.	listed is an name of th	emuneratior associated e broker or	n for solicita I person or dealer. If n	tion of purch agent of a b	nasers in co roker or de re (5) perso	nnection w aler registe ns to be list	be paid or gi ith sales of s red with the ed are assoc	ecurities in SEC and/o	the offerin r with a sta	g. If a perso te or states,	n to be list the	_	
	II Name (Las ARLE & CO		, if individua	al)		·				<u>-</u>			
	siness or Re 3 GREENWI						de)						
Na	me of Assoc	iated Broke	er or Dealer				-						
Sta	ates in Which	Person Lis	sted Has So	olicited or Int	ends to So	icit Purcha	sers						
	(Check "A	II States" or	check indiv	vidual States	s)	••••							
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] X	[DE]	[DC]	[FL] X	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY] X	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[Wi]	[WY]	[PR]
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	II Name (Las	st name first	, if individua	al)				[47]	[₩]				
Βι	_ ```	st name first	, if individua	al) nber and Str				[44]					
Bı.	Il Name (Las	esidence Ad	, if individual	al) nber and Str	eet, City, St	ate, Zip Co	de)	[VA]	[WO]				
Bı	Il Name (Las siness or Re me of Associates in Which	esidence Ad ciated Broke	i, if individual dress (Num er or Dealer sted Has So	al) nber and Stro	eet, City, St	ate, Zip Co	de)						
Bı	Il Name (Las siness or Re me of Associates in Which	esidence Ad ciated Broke	i, if individual dress (Num er or Dealer sted Has So	al) nber and Stro	eet, City, St	ate, Zip Co	de)					[HI]	[ID]
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Bı	siness or Re ime of Associates in Which (Check "A	esidence Ad diated Broke th Person Lis II States" or [AK]	dress (Numer or Dealer sted Has So check indiv	al) nber and Stri clicited or Intervidual States [AR]	eet, City, St	ate, Zip Co licit Purcha [CO]	de) sers	[DE]	[DC]	[FL]	 [GA]	[HI]	[ID] [MO]
Bu	siness or Re me of Associates in Which (Check "A [AL]	esidence Ad ciated Broke th Person Lis II States" or [AK] [IN]	dress (Numer or Dealer sted Has So check indiv	nber and Stro plicited or Int vidual States [AR] [KS]	eet, City, Steeds to So	ate, Zip Co licit Purcha [CO] {LA]	de) sers [CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA]	[HI] [MS]	-
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د آ .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering P			Amount Already Sold
	Debt	\$:	\$	
	Equity		;	\$	0
	□Common □ Preferred			_	
	Convertible Securities (including warrants)	3	:	\$	0
	Partnership Interests			\$	
	Other (Specify) LIMITED LIABILITY COMPANY INTERESTS		0,000	, \$	
	Total		0,000	_	
	Answer also in Appendix, Column 3, if filing under ULOE.			-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				·
		Numbe Investo	rs	•	Aggregate Dollar Amount of Purchases
	Accredited Investors			\$ _	
	Non-accredited Investors.			\$ _	
	Total (for filings under Rule 504 only)		0	\$ _	0(1)
3.	Answer also in Appendix, Column 3, if filing under ULOE. (1) Funds in escrow but not yet accepted. If this filing is for an offering under Rule 504 or 505, enter the information required for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering	Type o Securit			Dollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	· · · · · · · · · · · · · · · · · · ·
	Rule 504			\$	
	Total			\$	0
	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_	
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs	,	X	- \$	5,000
	Legal Fees		×	_ s	20,000
	Accounting Fees			_	
	Engineering Fees			_	
	Sales Commissions (specify finders' fees separately)			_	
				_	
	Other Expenses (identify) SALES ADMINISTRATION FEE		X	_	75,000
	Total		X	\$	100,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER	ROF INVESTORS, EXPENSES A	טט נ	SE	OF PROCE	ED2		_
b C	Enter the difference between the aggregate offer trestion 1 and total expenses furnished in response to Padjusted gross proceeds to the issuer."	art C - Question 4.a. This difference is t	the				\$_	7,400,000
e	ndicate below the amount of the adjusted gross proceeds ach of the purposes shown. If the amount for any purpheck the box to the left of the estimate. The total of the paroceeds to the issuer set forth in response to Part C - Q	pose is not known, furnish an estimate syments listed must equal the adjusted g	and					
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees			\$_		_ □	\$_	
	Purchase of real estate			\$	-		\$	
	Purchase, rental or leasing and installation of mach	ninery and equipment		\$			\$	
	Construction or leasing of plant buildings and facilit	ties		\$		— X	\$	5,000,000
	Acquisition of other businesses (including the value that may be used in exchange for the assets or sec	curities of another issue pursuant to a		-	<u> </u>	_	-	_
	merger)			\$_			\$_	-
	Repayment of indebtedness			\$_		_ □	\$_	
	Working capital			\$_		_ 🗵	\$_	2,400,000
	Other (specify): BOND ISSUANCE COSTS			\$			\$	
	Column Totals		X	s -		— ⊠	\$	7,400,000
	Total Payments Listed (column totals added)			_	⊠ \$	7,400	,000	
		D. FEDERAL SIGNATURE						
con	issuer has duly caused this notice to be signed by the un stitutes an undertaking by the issuer to furnish to the U ished by the issuer to any non-accredited investor pursu	I.S. Securities and Exphange Commiss	is noti síon, u	ce is pon	filed under Ru written reque	ile 505, t st of its	he fo staff	ollowing signature i, the information
Iss	er (Print or Type)	Signature				Date		
BRANSON AIRPORT, LLC						APRIL	. 9, 2	8008
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
	PHEN M. PEET	CHIEF EXECUTIVE OFFICER						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	See A	ppendix, Colum	n 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is far Exemption (ULOE) of the state in which this notice is file establishing that these conditions have been satisfied.	ed and understa						
	e issuer has read this notification and knows the contents horized person.	s to be true and	nas duly caused this not	ce to be signed on its behalf by the undersigned duly				
Issu	uer (Print or Type)	Signature		Date				
BR	ANSON AIRPORT, LLC			APRIL 9, 2008				
Na	me of Signer (Print or Type)	Title of Signs	r (Print or Type)					

CHIEF EXECUTIVE OFFICER

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

LAUREN M KRETER
Notary Public-Connecticut
My Commission Expires
June 30, 2012

Yes

Νo

X

Instruction:

STEPHEN M. PEET

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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